

Belize



Belize is located in Central America. It borders Mexico to its north, Guatemala to its south and west, and the Caribbean Sea to its east. Its territory spans 22,700 km² and its mainland is 274 km long and 109 km wide. The country gained independence from the United Kingdom in 1981 and is considered an independent nation within the Commonwealth of Nations. Queen Elizabeth II is the Head of State, represented in the country by the Governor-General. The government of Belize is based on the Westminster system. The capital is Belmopan, and the country is divided into six administrative districts.

Despite the climate of economic austerity that Belize has experienced in recent years, with a per capita gross domestic product (GDP) that held relatively steady in 2006–2010, the government has continued to increase its commitment to public health by allocating a higher percentage of GDP to the health sector and to strengthening technical cooperation partnerships with national and international organizations.

Life expectancy at birth increased from 69.3 years in 2006 to 76.9 in 2010. Reducing poverty and improving sanitation continue to pose major challenges for the country. Reducing the burden of communicable diseases remains as a priority for Belize, and the rise of chronic, noncommunicable diseases poses a new challenge for the country's health system.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

In 2003, the government introduced a noncontributory pension for women over the age of 65 as a tool for reducing poverty; in 2007, this benefit was extended to men over the age of 67.

THE ENVIRONMENT AND HUMAN SECURITY

In 2009, 73.5% of households had improved sanitation and 64.4% had flushing toilets.

Climate change threatened the most important sectors of Belize's economy, including agriculture, fishing, energy, and tourism. In 2008, a study was conducted to evaluate the impact of climate change on the incidence of dengue, which is endemic in Belize. It concluded that climate change could increase the potential for serious outbreaks and dengue hemorrhagic fever.

Belize has been hit by several natural disasters in recent years: Hurricane Dean in 2007, Tropical Storm Arthur in 2008, and Hurricane Richard in 2010. The latter affected two-thirds of the population, with estimated damages of US\$ 24.6 million.

HEALTH CONDITIONS AND TRENDS

The maternal mortality rate has declined considerably, from 134 per 100,000 live births in 2005 to 53.9 in 2009,

Selected basic indicators, Belize, 2005–2010.

Indicator	Value
Population 2010 (thousands)	318.5
Poverty rate (%) (2006)	42.0
Literacy rate (%) (2005)	94.7
Life expectancy at birth (years) (2010)	76.9
General death rate (per 1,000 population) (2008)	5.5
Infant mortality rate (per 1,000 live births) (2009)	17.9
Maternal mortality rate (per 100,000 live births) (2009)	53.9
Physicians per 1,000 population (2009)	0.7
Hospital beds per 1,000 population (2010)	1.2
DPT3 immunization coverage (%) (2010)	96.0
Births attended by trained personnel (%) (2010)	94.0

due in part to improvements in medical care. Hospital delivery coverage increased from 76.9% in 2006 to 90.6% in 2009 and coverage of births attended by skilled health personnel reached 94% in 2010.

Belize has managed to reduce infant mortality from 19.7 per 1,000 live births in 2006 to 17.9 in 2009. Average vaccination coverage with BCG, DPT, and MMR vaccines in the period 2006–2010 was 96%. During that time, there were no cases of the diseases covered by the program.

From 2006 to 2008, the general death rate was 5.5 per 1,000. The main causes of death were diabetes, ischemic heart disease, homicide and intentional injuries, HIV/AIDS, and cardiovascular diseases.

The number of malaria cases fell substantially, from 844 in 2006 to 150 in 2010.

Cases of dengue, dengue hemorrhagic fever, and Chagas' disease rose slightly during the same period.

The tuberculosis cure rate has significantly improved, increasing from 52% in 1995 to 83% in 2008; thus, Belize has made progress toward the goal of halting the spread of tuberculosis by 2015.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The Ministry of Health's budget as a percentage of GDP increased from 2.5% in 2006 to 3.3% in 2009. Private health expenditure as a percentage of total health expenditure declined from 33% in 2006 to 29% in 2010; however, patient out-of-pocket expenditures jumped from 32% to 42% during that same period.

On the Road to Malaria Eradication

The main malaria vector in Belize is Anopheles albimanus.

The number of malaria cases has fallen substantially during the past decade. A total of 6,012 cases were reported in 1997, which fell to 1,441 in 1999 and 844 in 2006. By 2010, only 150 cases had been reported.

This marked reduction was due to the concerted efforts of the Ministry of Health through a proactive policy involving a multi-pronged strategy: greater epidemiological surveillance, elimination of malaria foci, and case detection in the main endemic areas with routine recording of cases in each locality.

These actions also are framed in PAHO's Regional Strategic Plan for Malaria in the Americas.

Belize is therefore well-positioned to halt the spread of malaria by 2015 and thus achieve Millennium Development Goal 6 (to combat HIV/AIDS, malaria, and other diseases).

From 2006 to 2010, the government drafted several short-term plans related to health, namely: the National Poverty Elimination Strategy and Action Plan 2007–2011, the Belize Health Agenda 2007–2011, the National Health Information System Strategic Plan 2010–2014, the Health Education and Health Promotion Strategy 2009–2010, and the Hospital-based Services Plan 2009–2011.

Great strides were made in expanding and maintaining a high and equitable level of vaccination coverage, moving toward the goal of eliminating malaria, providing micronutrients to all children under 5, and extending the baby-friendly hospital initiative to all hospitals.

In 2010, a PAHO-UNDP evaluation in Belize called “Aid Effectiveness” recommended improvements in surveillance, evaluation, and long-term health planning.

In 2009 Belize had 39.7 health care professionals per 10,000 population and, as a result, the targets set in the Toronto Call to Action had been met. An estimated 3.5% of these professionals are volunteer physicians from Cuba, placed mostly in rural areas.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

Nongovernmental and international organizations generally tend to start and fund research projects in knowledge, technology, and information, although primarily with an emphasis on their own information needs. In 2008, a data collection system was launched on the Web, which helped increase the availability of data and information on the health sector.

MAIN CHALLENGES AND PROSPECTS

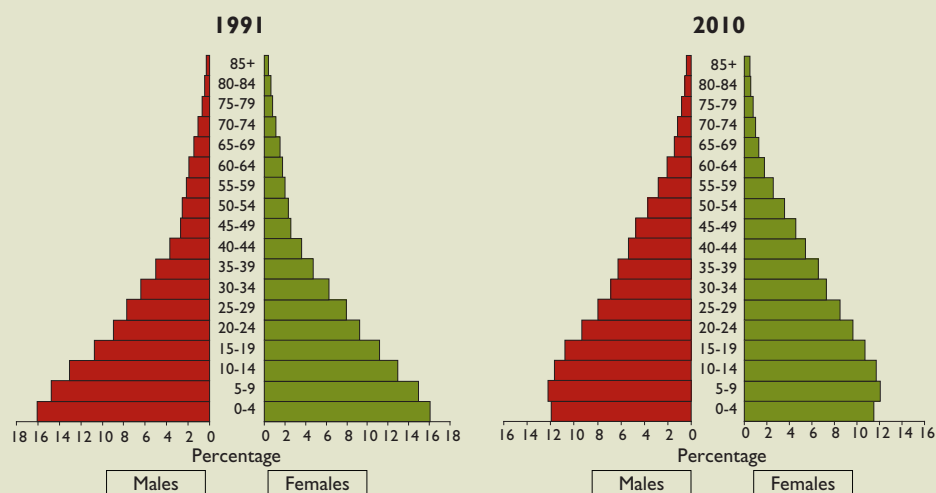
The national socioeconomic context, characterized by persistently high rates of poverty and significant challenges in the sanitation sector, constitutes a key obstacle to progress in areas such as reducing infant and child mortality.

In 2006 only 58.7% of school-age children attended high school. That same year, 42% of the population was living in poverty, which was a step backward compared to 2002, when the figure was 33.5%.

Although the average caloric intake was 2,846 calories (more than recommended), high levels of poverty and income inequality prevented the most vulnerable populations from reaching this goal. The country continues to lag behind in efforts to reduce the percentage of people who suffer from hunger by half.

Until 2010, over 25% of urban and rural Belizean households did not have sustainable access to safe drinking water. Furthermore, some 50% of households did not have

Population structure, by age and sex, Belize, 1991 and 2010.



municipal waste collection service, and almost 30% of trash was burned.

The number of homicides rose 29% from 2008 to 2010. Moreover, in 2009 there were 2,161 reported cases of domestic violence; 85.2% of the victims were women.

According to the 2006 Multiple Indicator Cluster Survey (MICS), 6.1% of children under 5 had moderately lower weight than normal and about 18% of children were suffering from growth retardation. Between 2006 and 2008, deaths from malnutrition and anemia increased from 2.1% to 4.7% in children under 1 year of age and from 5.4% to 11.4% in children age 1–4.

Adolescent pregnancy poses a challenge for Belize, with 24.3% of all live births in the period 2006–2009 to mothers age 15–19. Complications during pregnancy, childbirth, and the puerperium were the leading cause of hospitalization during this period for this age group.

In 2009 Belize had an estimated HIV prevalence of 2.3%, the highest in Central America and the third highest in the Caribbean.

Chronic diseases are another challenge that the country must address. In 2008, an estimated 71% of the population was overweight and, according to the survey conducted by the Central American Diabetes Initiative in 2009, the overall prevalence of diabetes mellitus in Belize was 13.1%.

Even though one of the objectives of the National Health Insurance program is to eliminate access barriers to a variety of health services, inequalities persist in rural communities, basically because of obstacles related to distance and transportation.

According to the 2006 MICS, 31.2% of the population had unmet family planning needs; the rate was highest among women age 15–19 (45.4%).

Another challenge that Belize faces is the lack of a national drug policy and its need for a pharmacovigilance system. Although there is no fee for essential medicines at points of service delivery, access is affected by the lack of the medicines themselves.

During the period analyzed, scientific research initiatives did not become an institutional endeavor. Research projects also need to put the information needs of the national health sector over the needs of the entities conducting the research.

The greatest need in the area of human resources for health was for nurses, public health inspectors, physicians, and pharmacists. Belize does not have a medical school, so students obtain their medical education and support outside the country. Training public health professionals is also a challenge; until 2010 the University of Belize was the only academic institution to offer training programs. These programs are not accredited and had a drop-out rate of 66%.

Public health issues such as the burden of non-communicable diseases and violence must be addressed broadly and through a multisectoral approach.

Belize needs to increase the capacity of its health system to monitor the inequities affecting groups that face barriers to health care access. This makes it necessary to expand and upgrade the country's health information system to ensure the integrity of statistical information in support of informed decision-making.